

| POSITION                  | INITIALS  | ID NO.       | DATE        |
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| FEE DETERMINATION         | <i>MM</i> | <i>10871</i> | <i>9/15</i> |
| O.I.P.E. CLASSIFIER       |           |              |             |
| FORMALITY REVIEW          |           |              |             |
| RESPONSE FORMALITY REVIEW |           |              |             |

**Best Available Copy**

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

*09/656, 299*

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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